

**Complete the following information**

What is your pull tab license number? \_\_\_\_\_

Please list below the members or employees of your organization who will be selling Pull Tabs. These members must be bona fide members who have belonged to your organization for at least thirty days, or employees of your licensed organization. You may attach additional sheets if necessary. You may add names during the license year by informing us, in writing, of the additions.

**Name****Address**

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____

**Sign below**

I hereby certify that the sellers listed above are bona fide members or employees of the licensed organization. I further certify that the licensed organization has a complete and current membership list available for inspection by the Illinois Department of Revenue during reasonable business hours.

\_\_\_\_\_  
Signature of presiding officer\_\_\_\_\_  
Date

Attach this list to Form PT-6, Pull Tabs Application for License, and mail to:

**ILLINOIS DEPARTMENT OF REVENUE  
OFFICE OF BINGO AND CHARITABLE GAMES  
PO BOX 19480  
SPRINGFIELD ILLINOIS 62794-9480**

